

## Fill in this information to identify your case:

Debtor 1	<b>Marcia R Irvin</b>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>EASTERN DISTRICT OF MISSOURI</b>		
Case number	<b>21-42136</b>		
(if known)			

☒ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

## 1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

## 3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

<div style="border: 1px solid black; padding: 2px; width: 40px; float: left; margin-right: 10px;">4.1</div> <b>AAA Checkmate</b> Nonpriority Creditor's Name <b>C/O John Soeder</b> <b>1 Campbell Plaza, Suite 1A North</b> <b>St. Louis, MO 63139</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>1056</b> When was the debt incurred? <b>2017</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>payday loan</b>	<b>Total claim</b> <b>\$2,461.39</b>
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Debtor 1 **Marcia R Irvin**

Case number (if known)

**21-42136**

4.2

**ADT Security Services**

Nonpriority Creditor's Name

**C/O Transworld System  
500 Virginia Drive, Suite 514  
Fort Washington, PA 19034**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **7815****\$1,192.04**When was the debt incurred? **2013**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **service**

4.3

**American Family**

Nonpriority Creditor's Name

**6000 American Parkway  
Madison, WI 53783**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **9084****\$400.00**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **service**

4.4

**At&T**

Nonpriority Creditor's Name

**C/O Credence  
1700 Dallas Parkway  
Dallas, TX 75248**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **3123****\$2,886.24**When was the debt incurred? **2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **service**

Debtor 1 **Marcia R Irvin**

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**21-42136**

4.5

**AT&T**

Nonpriority Creditor's Name

**PO Box 536216****Atlanta, GA 30353**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

**\$450.00**When was the debt incurred? **2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **service**

4.6

**Cash Net**

Nonpriority Creditor's Name

**175 W. Jackson Blvd****Chicago, IL 60604**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

**\$800.00**When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **payday loan**

4.7

**Clearline Loan**

Nonpriority Creditor's Name

**2520 Rose Parklane****Henderson, NV 89704**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

**\$1,000.00**When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **payday loan**

Debtor 1 **Marcia R Irvin**

Case number (if known)

**21-42136**

4.8

**Credit Bureau**

Nonpriority Creditor's Name

**60 Lafayette Street  
New York, NY 10014**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **1512****\$1,090.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **service**

4.9

**Crystal Rock**

Nonpriority Creditor's Name

**C/O Sher and Shabsin  
1 Campbell Plaza  
Saint Louis, MO 63139**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **1057****\$2,457.32**When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **payday loan**4.1  
0**Dental Outreach in School**

Nonpriority Creditor's Name

**2550 W. Union Hills Drive  
Phoenix, AZ 85027**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$57.00**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical bill**

Debtor 1 **Marcia R Irvin**

Case number (if known)

**21-42136**4.1  
1**Dental Outreach Service**

Nonpriority Creditor's Name

**2550 W. Union Hills Drive  
Phoenix, AZ 85027**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **3042****\$58.00**When was the debt incurred? **2019****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical bill**4.1  
2**Federal Loan Servicing**

Nonpriority Creditor's Name

**PO Box 530210  
Atlanta, GA 30353**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **6045****\$11,605.73**When was the debt incurred? **2009****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☒ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify**student loan**4.1  
3**Fingerhut**

Nonpriority Creditor's Name

**C/O Midland Credit Management  
2365 Northside Drive  
San Diego, CA 92108**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **8426****\$310.30**When was the debt incurred? **2013****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **credit card**

Debtor 1 **Marcia R Irvin**

Case number (if known)

**21-42136**4.1  
4**First Premier**

Last 4 digits of account number

**\$300.00**

Nonpriority Creditor's Name

**P.O. Box 5529****Sioux Falls, SD 57117-5147**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

**2012**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **credit card**4.1  
5**Fortiva**

Last 4 digits of account number

**8992****\$1,000.00**

Nonpriority Creditor's Name

**PO Box 105555****Atlanta, GA 30348**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

**2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **credit card**4.1  
6**Leap Credit**

Last 4 digits of account number

**\$1,000.00**

Nonpriority Creditor's Name

**PO Box 19079****Atlanta, GA 30326**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

**2019**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **payday loan**

Debtor 1 **Marcia R Irvin**

Case number (if known) **21-42136**

4.1  
7

**Missouri Acceptance**

Nonpriority Creditor's Name

**750 N. Orleans  
Chicago, IL 60654**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number

**\$300.00**

**When was the debt incurred?** **2017**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **payday loan**

4.1  
8

**Missouri Department Of Social Services**

Nonpriority Creditor's Name

**P.O. Box 88  
Jefferson City, MO 65103**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **3960**

**\$2,336.00**

**When was the debt incurred?** **9-16**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **overpayment of benefits**

4.1  
9

**Motor Max**

Nonpriority Creditor's Name

**10500 St. Charles Rock Road  
St. Ann, MO 63074**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number

**\$4,000.00**

**When was the debt incurred?** **2014**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **signature loan**

Debtor 1 **Marcia R Irvin**

Case number (if known)

**21-42136**4.2  
0**Nationwide Insurance**

Nonpriority Creditor's Name

**6644 Valjean Ave  
Van Nuys, CA 91406**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **3297****\$7,283.65**When was the debt incurred? **10-15****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **car accident**4.2  
1**Nordstrom**

Nonpriority Creditor's Name

**P.O. Box 79137  
Phoenix, AZ 85062-9137**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **0901****\$600.00**When was the debt incurred? **2017****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **credit card**4.2  
2**Plaza Service**

Nonpriority Creditor's Name

**110 Hammond Drive, Suite 110  
Atlanta, GA 30328**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

**\$500.00**When was the debt incurred? **2017****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **payday loan**



Debtor 1 **Marcia R Irvin**

Case number (if known)

**21-42136**4.2  
3**Reflex**

Nonpriority Creditor's Name

**PO Box 660269****Dallas, TX 75266**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **8142****\$574.05**When was the debt incurred? **3-21**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **credit card**4.2  
4**Sky Trail**

Nonpriority Creditor's Name

**C/O AARS****25 Northpointe Parkway, Suite 150****Buffalo, NY 14228**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **0064****\$1,068.94**When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **payday loan**4.2  
5**Speedy Cash**

Nonpriority Creditor's Name

**PO Box 80408****Wichita, KS 67278**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **3672****\$800.00**When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **payday loan**

Debtor 1 **Marcia R Irvin**Case number (if known) **21-42136**4.2  
6**Speedy Cash**

Nonpriority Creditor's Name

**PO Box 780408****Wichita, KS 67278**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

**\$1,000.00**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **payday loan**4.2  
7**Sprint**

Nonpriority Creditor's Name

**Po Box 57610****Jacksonville, FL 32241**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **2851****\$410.21**When was the debt incurred? **2011**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **service**4.2  
8**SSM Health Care**

Nonpriority Creditor's Name

**1015 Corporate Square Drive****St. Louis, MO 63132**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **0224****\$500.00**When was the debt incurred? **11-19**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **medical bill**

Debtor 1 **Marcia R Irvin**Case number (if known) **21-42136**4.2  
9**SSM Healthcare**

Nonpriority Creditor's Name

**P.O. Box 795100****St. Louis, MO 63179**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **5031****\$300.00**When was the debt incurred? **2012**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **medical bill**4.3  
0**State Farm**

Nonpriority Creditor's Name

**One State Farm Plaza****Bloomington, IL 61710**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **2825****\$500.00**When was the debt incurred? **2020**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **service**4.3  
1**Target**

Nonpriority Creditor's Name

**PO Box 673****Minneapolis, MN 55440**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **6337****\$539.81**When was the debt incurred? **11-17**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **credit card**

Debtor 1 **Marcia R Irvin**Case number (if known) **21-42136**4.3  
2**Total Access**Last 4 digits of account number **2233** **\$400.00**

Nonpriority Creditor's Name

**PO Box 5520****Sioux Falls, SD 57117**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

**2020**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **credit card**4.3  
3**Verizon Wireless**Last 4 digits of account number **1008** **\$3,000.00**

Nonpriority Creditor's Name

**200 New Market****Newport News, VA 23605**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

**2016**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **service**4.3  
4**Washington University**Last 4 digits of account number **6215** **\$279.43**

Nonpriority Creditor's Name

**C/O CACI****P.O. Box 790379****Saint Louis, MO 63179**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

**4-17**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **medical bill****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 **Marcia R Irvin**Case number (if known) **21-42136****Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
Total claims from Part 2	6f. Student loans	6f.	\$ 11,605.73
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 39,854.38
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 51,460.11

Fill in this information to identify your case:

Debtor 1 Marcia R Irvin

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI

Case number 21-42136  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

##### Employment status\*

##### Occupation

##### Employer's name

##### Employer's address

##### Debtor 1

- ☒ Employed
- ☐ Not employed

Labor

ThermoFisher Scientific

Patheon Biologics LLC  
300 Industry Drive  
Pittsburgh, PA 15275

##### Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

##### How long employed there?

9 months

\*See Attachment for Additional Employment Information

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>4,241.64</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>4,241.64</u>	\$ <u>N/A</u>

Debtor 1 **Marcia R Irvin**

Case number (if known) **21-42136**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <b>4,241.64</b>	\$ <b>N/A</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>418.47</b>	\$ <b>N/A</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>N/A</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>N/A</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>N/A</b>
5e. Insurance	5e. \$ <b>175.63</b>	\$ <b>N/A</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>N/A</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>N/A</b>
5h. Other deductions. Specify: <b>Critical</b>	5h.+ \$ <b>26.46</b>	\$ <b>N/A</b>
Life	\$ <b>21.06</b>	\$ <b>N/A</b>
Accident	\$ <b>20.71</b>	\$ <b>N/A</b>
AD&D	\$ <b>8.10</b>	\$ <b>N/A</b>
Estimated Part Time Job Taxes (20%)	\$ <b>146.77</b>	\$ <b>N/A</b>
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>817.20</b>	\$ <b>N/A</b>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <b>3,424.44</b>	\$ <b>N/A</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>50.00</b>	\$ <b>N/A</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>N/A</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>228.00</b>	\$ <b>N/A</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>N/A</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>N/A</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <b>0.00</b>	\$ <b>N/A</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>N/A</b>
8h. Other monthly income. Specify: <b>Gross Part Time Job</b>	8h.+ \$ <b>338.73</b>	\$ <b>N/A</b>
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>616.73</b>	\$ <b>N/A</b>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>4,041.17</b>	\$ <b>N/A</b>
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify:	11. +\$ <b>0.00</b>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <b>4,041.17</b>	<b>Combined monthly income</b>
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:		

Debtor 1 **Marcia R Irvin**

Case number (if known) **21-42136**

**Official Form B 6I**  
**Attachment for Additional Employment Information**

<b>Debtor</b>	
Occupation	<b>part time job</b>
Name of Employer	<b>Door Dash</b>
How long employed	
Address of Employer	<b>303 2nd Street, Suite 800 San Francisco, CA 94107</b>



**Fill in this information to identify your case:**

Debtor 1 **Marcia R Irvin**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF MISSOURI**

Case number **21-42136**  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X **/s/ Marcia R Irvin**  
**Marcia R Irvin**  
Signature of Debtor 1

Date **June 21, 2021**

X \_\_\_\_\_  
Signature of Debtor 2

Date \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Marcia R Irvin

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Missouri

Case number 21-42136  
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☒ Check if this is an amended filing

## Official Form 122A - 1 Chapter 7 Statement of Your Current Monthly Income

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

### Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☒ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 5,438.12	\$
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 228.00	\$
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ 103.33	
Ordinary and necessary operating expenses	-\$ 40.83	
Net monthly income from a business, profession, or farm	\$ 62.50	
	Copy here -> \$ 62.50	\$
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	
	Copy here -> \$ 0.00	\$
7. Interest, dividends, and royalties	\$ 0.00	\$

Debtor 1 **Marcia R Irvin**Case number (if known) **21-42136**Column A  
Debtor 1Column B  
Debtor 2 or  
non-filing spouse**8. Unemployment compensation**\$ **0.00**

\$

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ **0.00**

For your spouse \$

- 9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ **0.00**

\$

- 10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ **0.00**

\$

\$ **0.00**

\$

Total amounts from separate pages, if any.

+ \$ **0.00**

\$

- 11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ **5,728.62**

+

\$

= \$ **5,728.62**Total current monthly  
income**Part 2: Determine Whether the Means Test Applies to You**

- 12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 **Copy line 11 here=>**\$ **5,728.62**

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b. \$ **68,743.44**

- 13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

**MO**

Fill in the number of people in your household.

**3**

Fill in the median family income for your state and size of household.

13. \$ **76,431.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

- 14. How do the lines compare?**

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ Marcia R Irvin****Marcia R Irvin**

Debtor 1 **Marcia R Irvin**

Case number (if known) **21-42136**

Signature of Debtor 1

Date **June 21, 2021**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Debtor 1 **Marcia R Irvin**Case number (if known) **21-42136****Current Monthly Income Details for the Debtor****Debtor Income Details:**Income for the Period **12/01/2020** to **05/31/2021**.**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **Door Dash**

Income by Month:

6 Months Ago:	<b>12/2020</b>	<b>\$0.00</b>
5 Months Ago:	<b>01/2021</b>	<b>\$0.00</b>
4 Months Ago:	<b>02/2021</b>	<b>\$0.00</b>
3 Months Ago:	<b>03/2021</b>	<b>\$0.00</b>
2 Months Ago:	<b>04/2021</b>	<b>\$0.00</b>
Last Month:	<b>05/2021</b>	<b>\$338.73</b>
Average per month:		<b>\$56.46</b>

**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **ThermoFisher**

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: **\$19,567.50** from check dated **11/30/2020** .Ending Year-to-Date Income: **\$27,562.16** from check dated **12/31/2020** .

This Year:

Current Year-to-Date Income: **\$24,295.27** from check dated **5/31/2021** .Income for six-month period (Current+(Ending-Starting)): **\$32,289.93** .Average Monthly Income: **\$5,381.66** .**Line 4 - Child support income (including foster care and disability)**Source of Income: **Child Support**Constant income of **\$228.00** per month.**Line 5 - Income from operation of a business, profession, or farm**Source of Income: **Business**

Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	<b>12/2020</b>	<b>\$80.00</b>	<b>\$30.00</b>	<b>\$50.00</b>
5 Months Ago:	<b>01/2021</b>	<b>\$150.00</b>	<b>\$40.00</b>	<b>\$110.00</b>
4 Months Ago:	<b>02/2021</b>	<b>\$135.00</b>	<b>\$60.00</b>	<b>\$75.00</b>
3 Months Ago:	<b>03/2021</b>	<b>\$80.00</b>	<b>\$40.00</b>	<b>\$40.00</b>
2 Months Ago:	<b>04/2021</b>	<b>\$95.00</b>	<b>\$45.00</b>	<b>\$50.00</b>
Last Month:	<b>05/2021</b>	<b>\$80.00</b>	<b>\$30.00</b>	<b>\$50.00</b>
Average per month:		<b>\$103.33</b>	<b>\$40.83</b>	

Average Monthly NET Income: **\$62.50**

**United States Bankruptcy Court  
Eastern District of Missouri**

In re **Marcia R Irvin**

Debtor(s)

Case No. **21-42136**

Chapter **7**

**VERIFICATION OF CREDITOR MATRIX - AMENDED**

The above named debtor(s) hereby certifies/certify under penalty of perjury that the attached list containing the names and addresses of my creditors (Matrix), consisting of **3** page(s) and is true, correct and complete.

**/s/ Marcia R Irvin**

**Marcia R Irvin**

Debtor Signature

Dated: **June 21, 2021**

AAA Checkmate  
C/O John Soeder  
1 Campbell Plaza, Suite 1A North  
St. Louis, MO 63139

ADT Security Services  
C/O Transworld System  
500 Virginia Drive, Suite 514  
Fort Washington, PA 19034

American Family  
6000 American Parkway  
Madison, WI 53783

At&T  
C/O Credence  
1700 Dallas Parkway  
Dallas, TX 75248

AT&T  
PO Box 536216  
Atlanta, GA 30353

Cash Net  
175 W. Jackson Blvd  
Chicago, IL 60604

Clearline Loan  
2520 Rose Parklane  
Henderson, NV 89704

Credit Bureau  
60 Lafayette Street  
New York, NY 10014

Crystal Rock  
C/O Sher and Shabsin  
1 Campbell Plaza  
Saint Louis, MO 63139

Dental Outreach in School  
2550 W. Union Hills Drive  
Phoenix, AZ 85027

Dental Outreach Service  
2550 W. Union Hills Drive  
Phoenix, AZ 85027

Federal Loan Servicing  
PO Box 530210  
Atlanta, GA 30353

Fingerhut  
C/O Midland Credit Management  
2365 Northside Drive  
San Diego, CA 92108

First Premier  
P.O. Box 5529  
Sioux Falls, SD 57117-5147

Fortiva  
PO Box 105555  
Atlanta, GA 30348

Leap Credit  
PO Box 19079  
Atlanta, GA 30326

Missouri Acceptance  
750 N. Orleans  
Chicago, IL 60654

Missouri Department Of Social Services  
P.O. Box 88  
Jefferson City, MO 65103

Motor Max  
10500 St. Charles Rock Road  
St. Ann, MO 63074

Nationwide Insurance  
6644 Valjean Ave  
Van Nuys, CA 91406

Nordstrom  
P.O. Box 79137  
Phoenix, AZ 85062-9137

Plaza Service  
110 Hammond Drive, Suite 110  
Atlanta, GA 30328

Reflex  
PO Box 660269  
Dallas, TX 75266

Sky Trail  
C/O AARS  
25 Northpointe Parkway, Suite 150  
Buffalo, NY 14228

Speedy Cash  
PO Box 80408  
Wichita, KS 67278



Speedy Cash  
PO Box 780408  
Wichita, KS 67278

Sprint  
Po Box 57610  
Jacksonville, FL 32241

SSM Health Care  
1015 Corporate Square Drive  
St. Louis, MO 63132

SSM Healthcare  
P.O. Box 795100  
St. Louis, MO 63179

St. Louis Community  
3651 Forest Park Ave.  
St. Louis, MO 63108

State Farm  
One State Farm Plaza  
Bloomington, IL 61710

Target  
PO Box 673  
Minneapolis, MN 55440

Terrell Ivy Jr.  
1424 Wibracht Place  
Saint Louis, MO 63132

Total Acess  
PO Box 5520  
Sioux Falls, SD 57117

Verizon Wireless  
200 New Market  
Newport News, VA 23605

Washington University  
C/O CACI  
P.O. Box 790379  
Saint Louis, MO 63179